

CUSTOMER SCREENING SHEET

DATE: _____ NAME: _____
LAST FIRST MAIDEN

MAILING ADDRESS: _____
STREET/PO Box CITY STATE ZIP

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

Preferred Language: ☐ English ☐ Spanish ☐ Other (please list) _____

SEX _____ ETHNIC GROUP: (CIRCLE ONE) BLACK WHITE AMERI. INDIAN ASIAN HISPANIC OTHER

PHONE Home () Alternate () Email _____

DOB _____ SS# _____

Are you receiving a housing voucher? ? ☐ SECTION 8 ☐ PUBLIC HOUSING

Are you currently receiving a voucher from DACCA for child care assistance? ☐ YES ☐ NO

Have you ever received a child care voucher in any county in the State of North Carolina? ☐ YES ☐ NO

If yes, when _____ / _____ and in what city/county _____
Month Year

Tell us about your family: Are you: ☐ Single ☐ Married ☐ Separated ☐ Divorced

☐ Legal Guardian/Responsible Adult for child(ren) ☐ Residing in same home with child(ren)'s other biological parent
(you are not the biological parent)

Are you currently: employed ☐ attending school ☐ Hire date _____

Place of Employment _____ Phone _____

Supervisor's Name _____ Supervisor's Phone Number _____

Your Work Schedule (Days and Hours that you work) _____
(If your work schedule varies, please list the earliest that you report to work and the latest that you leave work. (example: 8am-8pm)).

How often are you paid? (CIRCLE ONE) Daily Weekly Every 2 Weeks Twice a Month Monthly Other

Proof of employment (CIRCLE ONE) Wages Letter from Employer Wage form

☐ Enrolled in School Name of School _____

Verification of your school enrollment ☐ Official class schedule and enrollment letter enclosed

Other Biological Parent or Spouse's Name: _____

SEX _____ ETHNIC GROUP: (CIRCLE ONE) BLACK WHITE AMERI. INDIAN ASIAN HISPANIC OTHER
DOB _____ SS# _____

Place of Employment _____ Phone _____

Supervisor's Name _____ Supervisor's Phone Number _____

Work Schedule (Days and Hours worked) _____
(If their work schedule varies, please list the earliest that they report to work and the latest that they leave work. (example: 8am-8pm)).

Other Biological Parent or Spouse's Information Continued:

How often are they paid? (CIRCLE ONE) Daily Weekly Every 2 Weeks Twice a Month Monthly Other

Proof of employment (CIRCLE ONE) Wages Letter from Employer Wage form

☐ Enrolled in School Name of School _____Verification of their school enrollment ☐ Official class schedule and registrationIF THE CHILD(REN) YOU ARE APPLYING FOR IS NOT YOUR BIOLOGICAL CHILD(REN)PLEASE LIST THE NAME OF THE BIOLOGICAL MOTHER: _____
FATHER: _____**Does this
child need
Child Care?**

Please list your children living in the household:

Name	SPECIAL NEED	RELATIONSHIP TO APPLICANT	DOB	SEX	RACE	SS#	Yes	No

Emergency Contact: _____ Relationship _____ Phone _____

Do you receive Medicaid or Health Choice benefits? ☐ Yes ☐ NoIf not, would you like information about Health Care Benefits that may be available for your child(ren)? ☐ Yes ☐ NoWhat method of transportation do you use? ☐ Personal Vehicle ☐ Public Transportation ☐ Other _____

What days of the week do you need child care? M T W TH F SA SU (Please circle appropriate days)

Have you chosen a provider? _____ If so who? _____

Day care needed _____ AM/PM to _____ AM/PM STAR RATING _____

Type of facility CENTER FAMILY CHILD CARE HOME

Are you interested in learning more about high quality Child Care Programs available to you? YES NO (CIRCLE ONE)

Please note that the follow information is needed in order to process your application:
(if the below information is already in your file, you do not have to submit it again)

Picture ID

Birth Certificate for all children in household

Family Income Verification (i.e. W-2, check stubs, tax return, etc.)

Social Security Cards for All in Household

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Page 2



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